

**STD/HIV DATA REQUEST FORM**  
**Bureau of Epidemiology**  
**Houston Department of Health and Human Services**

**FAX NUMBER: (832) 393-5232**  
**PHONE NUMBER: (832) 393-5080**

Before submitting requests for data, please consult STD Epidemiological Reports at <http://www.houstontx.gov/health/std.html> and HIV Epidemiological Reports at <http://www.houstontx.gov/health/hiv.html>

Date Form Completed: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**How would you like to receive data?**

\_\_\_ by Mail : \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_ by Email \_\_\_\_\_

**Purpose:** \_\_\_ Report  
\_\_\_ Article  
\_\_\_ Grant (Application due date: \_\_\_\_\_)  
\_\_\_ Presentation  
\_\_\_ Research  
\_\_\_ Other, please explain: \_\_\_\_\_

**Date Data Needed:** \_\_\_ / \_\_\_ / \_\_\_ \*

\*Data requests must be made AT LEAST 2 WEEKS in advance or data may not be available by date needed.

**Disease of Interest:**

\_\_\_ Chlamydia  
\_\_\_ Gonorrhea  
\_\_\_ Congenital Syphilis  
\_\_\_ Syphilis, Specify stages of interest: \_\_\_\_\_  
\_\_\_ HIV  
\_\_\_ AIDS

**Data Time Period Requested:** \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**Variables:\*\*** Please check the appropriate variables below.

\_\_\_ sex  
\_\_\_ race  
\_\_\_ ethnicity  
\_\_\_ age  
\_\_\_ zip code  
\_\_\_ provider type  
\_\_\_ diagnosis month  
\_\_\_ diagnosis year  
\_\_\_ Other, please specify: \_\_\_\_\_

\*\*Please note that not all variables may be available for the disease of interest OR due to confidentiality, may not be released.

**Note:** All data will be released in simple tabular format (typically in Microsoft Excel) unless figures or specific tables already exist in a canned report, such as the quarterly HIV/AIDS data sheets released to the public by the Bureau of Epidemiology.

| INTERNAL USE ONLY                      |                            |
|--|----------------------------|
| Date Request Received: ___ / ___ / ___ | Request Received By: _____ |
| Data Provided By: _____                | Request Approved By: _____ |
| Date Data Released: ___ / ___ / ___    |                            |